sorrect age

1. PLACE OF DEATH:

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The a is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Dist. No.

County Carroll		(For newborn infanta give residence of mother)		
		State Maryland County Harford		
(If outside city or town	limits, write RURAL and give nearest town)	Al-A-mala-m		
How long in above place of death? Sin	ce 1/16/47 (4 mo, 6 days)	City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address when	e death occurred:	Street No.		
Springfield Stat		(If rural, give LOCATION)		
How long in hospital or institution? Since	se1/16/47 (4 mon. 6 days)	2.(a) Il veteran, name war.		
3. (a) FULL NAME		3. (b) Social Security Number		
		J. (V) Ducies Decusty stampes		
Austin Andrews	6.(a)Single, married, widowed, or divorced			
4. Sex 5. Color or race	o.(b/single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W	M	20. DATE OF DEATH. May 22 19.47 at 225 A. M		
S (b) Name of bushand or wife Eliza	abeth ? Brunen	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
		1/16 19 47 to May 22 1947		
7 01 11 4-1 6		and that I last saw h Imalive on May >2 19 47		
deceased (mo., day, yr.) 2/13	/1900	Immediais cause of death. DURATION		
8. AGE: Years Months	Days If less than one day	Pulmonary Tuberculosis Just Prior to		
47 3	9min.			
		1/47		
9. Birthplace Mary land	n, county, and state)	Due to		
	7			
10. Usual occupation FOSUMA	ster	Due to		
11, industry or business	Trend Act 1			
12 Name ? Clh	ed E. andrew	Ditter conditions Schizophrenia, catatonic type 16 yrs		
H 12. Name ?	Cherdeen mis			
		(Include pregnancy within 3 months of death)		
H 14. Maiden name Nersen	L aborn	Major findings of operations		
	Cherdeen my	Date of op.		
16. Informant ACCORO.	gfield State Hospital	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Sykesville, M	aryland			
" Bunial	may 5/-1947	22. VIOLENCE: tf death was due to external causes, fill in the following:		
17. Bures (Burial, cremation, or removal, Which		Accident, suicide, or homicide		
Gemetery or crematory	skus	Where did Injury occur?		
1 //				
	erdeen mil	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Bansa	Tarring Stons.	Means of Injury Injured at work?		
	NO all	1 00 4 0: 1 1 2:00		
Address	Werdeen med	23. SIGNATURE Chnold H. Sichert, M.D.		
" Mar 24 4	7 P. Herry Tille	M. D. or other		
(Date rec'd by registrar)	Registrar	Address Sykesville, Maryland Date signed 5-21-47		

MAY 27 1947
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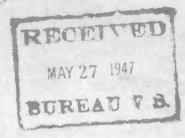
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Hospital, Institution, or street address where death occurred:	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Hranklin anna	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birlh date of deceased (mo., day, yr.) Dec 5-1872	and that I last for how alive on 1942.
8. AGE: Years Months Days If less than one day 19	Chercie Mysenditis
9. Birthplace	Due to Generalizad Celeis-Selusionis
10. Usual occupation	Oue to
12. Name velu a accept	Olher conditions
14. Maiden name Nuth a-g-Houck 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Muss Hattie Cumacust	Autopsy results
Address 17. Date thereof (month) (ay) (year)	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemelery or crematory. Haufstead	Where did injury occur?
18. Funeral director. Edwa Tilston	Means of Injury Injured at work?
Address Hampsteled med	23 SIGNATURE LAW M. Budle. h. J.
19 May 27 1947 John S. Hughes & Register	Bate signer 124/47



2411 N. Charles St., Baltimore

03820

CERTIFICATE OF DEATH

			71
Reg.	Diat.	No.	74

71. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Carroll	(For newborn infants give residence of mother) State Maryland County Worcester		
City or town (If outside city or town limits, write RURAL and give nearest town)			
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 months, 1 day	City or town Pocomoke City (If outside city or town limits, write RURAL and give n	earest town)	
Monital incitation or cirect address where death occurred:	Sireei No.	,	
Maryland Tuberculosis Sanatorium	(If rural, give LOCATION)		
Hologo Branch, Henryton, Md.	2.(a) If veteran, name war	V.	
3. (a) FULL NAME	3. (b) Social Security	y Number	
ANNIE MAE BALLARD	215-16-38	303	
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female colored single	20. DATE OF DEATH May 12, 19 47	. 6.00P	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended dec	ceased from	
	February 11, 19 47 to May 1	2, 19 47	
7. Birth date of	and that I last saw h C. Tallve on . May 12,	19.47	
deceased (mo., day, yr.) February 26, 1923	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis		
24 2 16hrsmin.		1946	
9. Birihplace Cope sbury Md. (Town, county, and state)	Due to		
(Town, county, and state) 10. Usual occupation		1	
10. Usual occupation	Due fo		
11. Industry or business			
12. Name. James Ballard 13. Birthplace Maryland	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name. Maggie Merrill 15. 8irthplace Maryland	Major findings of operations.		
5 15. 8irthplace Maryland	Major findings of operations. Date of op		
16, Informant Deceased	Autopsy results		
16, Informant	PHYSICIAN: Please underline the cause to which death should be charge	d statistically.	
Address	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Buriai, cremation, or removal, Which?) Date thereof. 12, 19447 (minth) (day) (year)	Accident, suicide, or homicide		
	Where did injury occur?		
Cemelery or crematory			
Location Location	Injured at home, farm, Industry, public place (where?)		
18. Funeral director X X array Thankshan	media of milary		
Address Hacamake My	1/2 0 4500 m 7		
= 120 AD AU . D. 11	23. SIGNATURE / Ceuleen HOffman, m. T.	or other	
19. 5/12 19 4/ White William Control of the Control	Hammet an Ma		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The d is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore

03821

CERTIFICATE OF DEATH

Reg. Dist. No. 7H

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Sykesville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 8 years, 11 months, 16 days	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Springfield State Hospital How long in hospital or institution? 8 years, 11 months, 16 days	Street No. 723 St. Paul Street (If rural, give LOCATION)
3. (a) FULL NAME JULIA BERNSTEIN	3. (b) Social Security Number
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced White widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH MAY 16th 19. 47. 21 1:20 P. N
6.(6) Name of husband or wife unknown May Butusfeins 6.(c) If alive, give age yea 7. Birth date of deceased (mo., day, yr.) October, 1887 (date unknown)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1st 19 42 to May 16th 19 47 and that I last saw her alive on May 16th 19 47
8. AGE: Years Months Days It less than one day	Immediate cause of death OURATION Polycythemia vera (massive
9. Birthplace New York City (Town, county, and state) 10. Usual occupation Housewife 11. Industry or business	Oue to.
12. Name William Friedman 13. Birthplace Austria 14. Maiden name Bertha Pressler	Other conditions. Manic-depressive psychosis 12 year. (Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace Austria	Major findings of operations. Oate of op.
16. Intermant Hospital records Address Springfield State Hospital 17. Burial, cremation, or removal. Which?) Cemetery or crematory Augo Park (mogth) (day) (year) Location Aug Saal Tark Augo Park 18. Funeral director Rek Augo Park Address 2/00 Eulaw Place Belb-2 19. May 17. 19. 47. C. Harry Ween	PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide

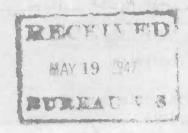
WITH UNFADING INK. Supply every item of information carefully. The cimportant, Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING MARGIN

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03822

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH: County			URAL and give nearest town)	Street No	County Carroll burg imits write RURAL and give nearest town) give LOCATION)
6.(b) Name of husband	or wife Oliv	***	linge r	21. I CERTIFY that death occurred on the date	above stated; that I attended deceased from
7. Birth date of deceased (mo., day, y			c) If alive, give ageyea	and that I last saw halive on	19.4 6 to May 13 19.47
8. AGE: Years	Months	Days 12	it less than one day	Immediais vause of death	Thromboaro DURATION
1D. Usual occupation 11. Industry or business H 12. Name Sam 13. 8irthplace H 14. Maiden name 15. Birthplace	House uel F.Har Mary E.An	baugh -Md ders Md		Due to	n 8 months of death)
Address		dleburg	9	PHYSICIAN: Please underline the cause to	o which death should be charged statistically.
18. Funeral director Address	Ladies C.O.FUSS	n Haugh burg, Md & SON town, Md		Where did injury occur?	Date of



.

correct age

1. PLACE OF DEATH:

county Carroll

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	WITH
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HO	ME) OF DECEASED:	
State Maryland	County	***************************************
City or town Baltimore (If outside city or	town limits, write RURAL	and give nearest town)
Street No. 3938 Edmond	ison Avenue	
2.(a) If veteran, name war	***************************************	

Oity	or lown Rural	near Syke	sville	RAL and give nearest town)	State. M.
Hov	long in above place of	of death? 3 H	gra; a	mon ; 9 days	City or to
					Street No
		d State Ho		sabore	
			The State of		2.(a) If
3.	(a) FULL NAME		Henry	Mortimer Blanke	enship
4.	Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced	
	male	white	sin	gle	20, OATE
8/	b) Name of husband o	r wife			21. I CER
0.(o) Hame of nosband o		e (a)	If alive, give ageye	Ma;
	Birth date of				and that
-	AGE: Years) Decemb	er 21,	If less than one day	Immedia
0.		2 4	28	hrsm	Sen
9.		mond, Virg			Oue to

				ive power div.	Oue to
		B & O Rai		-h:-	
THE	12. Name	as Henry B ichmond, V	ingini	snip	Other con
					_ scle
OTHER		Letitia Ja			Major fir
E		ichmond, V			
16	Informant Spri	ngfield St	ate Ho	spital Records	Autopsy PHYSICI
	Address Syke	sville, Ma			
17	Bung (Burial, cremation,	or removal. Which?)	Date there	(month) (day) (year)	Accident,
	Cemetery or cremator	Y		*****	Where di
	Location	Sallo	me	P.	Injured a
	/	7 9 -		thell & ford	Meens of
	-//	Culau		7	***
_	1			. /	23. SIGN
19	(Date rec's by reg	20 19 H. 7	. C	Harry Well	Address.

hip	o. (o) becaute security stampes
MEDICAL CE 20. DATE OF DEATH	RTIFICATION 19 11 19 19 21 9 05
21. I CERTIFY that death occurred on the date abov May 1 194 and that I last saw h imalive on 2	e stated; that I attended deceased from
Immedia: cause of death Senility	OURATION
Oue to	
Oue to	
Other conditions Paranoid condisclerosis) (Include pregnancy within 3 m	
Major findings ol operations	
Autopsy results	
22. VIOLENCE: If death was due to external caus	es, fili in the following;
Accident, sutcide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)
Injured at home, farm, Industry, public place (who	ere?)
Meens of Injury	Injured at work?
media o. mjarj	1 2 13

MAY 23 1947 BUREAU 9 6

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information carefull of death clearly and causes ADING INK. Supply ever Physicians: please write WITH UNF especially PLAINLY is especial

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

9. Birthplace 10. Usual occupation 11. Industry or busines 12. Name ...

13. Birthplace

(Date rec'd by registrar)

8. AGE:

BINDING

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	CERTIFICATE OI
County City of Lown In the County of	all Storfulal Street R
How long in pospilal or Institution?	2.(α) 11
3. (a) FOLL NAME 4. Sex 5. Color or race	6.(a) Single, parried, widowed, or divorced
4	Married 20 DATE

Days

If less than one day

DEATH AL RESIDENCE (HOME) OF DECEASED: or newborn infants give residence of mother) (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERUFY that death occurred on the date DURATION (Include pregnancy within 8 months of death) Major fiediags of operations PHYSICIAN: Please ooderline the caose to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did Injury occur? (City or town) (County) injured at home, farm, industry, public place (where?) ... Injured at work? Means of Injury 23. SIGNATUBE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1952

03825

CERTIFICATE OF DEATH

teg. Dist. No. 77

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Carrall	(For newborn infants give residence of mother)
Cily or town	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nesrest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
	- Cruce 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
$M \cup \omega \cup S$	20. DATE DE DEATH 700 00 19 47 at 3:350 M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Hame of husband or wife	may 14 1947, 10 may 14 19 47
7. Birth date of Oct. 19 9 - 1930	and that I last saw had alive on 200 and 1947
deceased (mo., day, yr.) ducy 2 1 - 1 7 9 0	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Henranhage sute 15 min
/6 8 /6min.	medula
9. Birthplace maryland	Due to Bloom of Ball
(Town/county, and state)	were bake of Brains
10. Usual occupation.	Due to
11. Industry or business Tigh school	
12. Name Jalin Jacob Jacones 13. Birthplace	Dther conditions
Y 1-1 1 -1 -1 - 1	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
≥ 15. Birthplace NCd.	Date of op.
16, Informant J- & Boernies.	Autopsy results
(h) + 1 h. 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Address May 17-47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof May — 4 (month) (day) (year)	Accident, selette, or homitide
Cemetery or crematory At Paulo	Where did Injury occur? Jamyoten Can W md. (City or town) (Connty) (State)
But as mid	Injured at home, tarm, industry, public place (where things School Baul Bond
Location Control of the Control of t	Meens of Injury Struck by Coff Ball Injured at work? Plury
18. Funeral director. Edu Ejufalon.	moons of injury
Address Humpstead Med	maurine C. Varterfund,
May 15 ,47 John S. Hughes.	23. SIGNITURE DESCRIPTION CONTRACTOR OF STREET STATE OF STREET

MAY 17 1947 BTREAU

DURATION

Reg. Diat. No.... 2. USUAL RESIDENCE (HOME) OF DECEASED:

MEDICAL CERTIFICATION

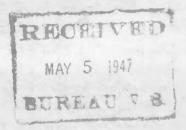
	20. DATE OF DEATH	Ma	4 20	19.47 at /	-
I				that Attended deceased fro	

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following;

Injured at work?

Date reg a by registrar)



9-45-15M

A15 NS PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03827

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: County			th, 5 days d: Sanatorium	2. USUAL RESIDENCE (HOME) OF DELEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAM	E		•		3. (b) Social Security	
			EZKIAH BROWN		220-03-96	04
4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced		RTIFICATION	I
male	colored		married	20. DATE OF DEATH May 11,	1947	12.40
8.(b) Name of husband 7. Birth date of deceased (mo., day,	or wifeLil	6.	(c) If alive, give age26years	21. I CERTIFY that death occurred on the date about Jan uary 6, 19. and that I last saw h. i.malive on	47 . May 11 y 11,	19.47
8. AGE: Year		Days	If less than one day	Immediate cause of death	maul oci c	May
2:	5 10	16	hrsmln.	Fullionary Lupe.	T.O.O.T.O.S.T.S	1942
10. Usual occupation 11. Industry or busines 12. Name	Fireman ss Blondel Marylan	1 н. d	Brown, Sr.	Due to	nonths of death)	
15. Birthplace	Marylan			Major hadings ut uperatious.		
	Deceased	••••••		Autupsy results PHYSICIAN: Please underline the cause to wh		
17. Churial, cremato Cemetery or cremato Location	James G 2 W/fi	Date the	reof. Man (day (year) (monyr) (day (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	(County) tere?) Injured at work? M. D.	(State)

MAY 14 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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03828

CERTIFICATE OF DEATH

			07 11
leg.	Diat.	No.	74

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Carroll City or town Tural near ~ykesville (If outside city or town limits, write RURAL and give nearest town)			Sville	state Maryland Count		1
				Baltimore		
How long in above place Hospital, institution, or	of death? 14	S.a.g. ZI	nons.,19days	(If outside city or town limits,	write RURAL and give nesr	est town)
Spring	field Sta	te H	ospital	Street No. (If rural, give L		
How long in hospital or	institution? 14	yrs.	, 2 mons, 19 day	3 2.(a) If veteran, name war		
3. (a) FULL NAME					3. (b) Social Security N	
			hn T. Callahan			
4. Sex	5. Color or race	6.(a)Sing	ile, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male	white	si	ngle	20. DATE OF DEATH MAY 9	1947	1:10p
6.(b) Name of husband	or wife	************	***************************************	21. I CERTIFY that death occurred on the date above		
			(c) If alive, give ageyears	Lay 1	3., 6. May 9	19.47
7. Birth date of deceased (mo., day, y	June	30.	1860	and that I last saw h. im. alive on Mas	-	
8. AGE: Years		Days	If less than one day	Immediate cruse of death		17vrs
86	10	9	hrs min.	002222200		
9. Birthplace324.	Ltimore,	Lary	land	Oue to		*******************************
10. Usual occupation						
			••••••••••••	Due fo		
11. Industry or business 第 12. Name				Dither conditions senile psych	nosis	17yrs
12. Name		***************************************				
				(Include pregnancy within 3 mo		
HLOW 14. Maiden name		*		Major findings of operations		
	ingfiold	S+0+	e Hosp. records			
				Autopsy results		
du	esville,		0.	22. VIOLENCE: If death was due to external cause	es, fill in the following;	
(Burial, cfemation, or removal. Which?) Date thereof. [Many 12 19.4]. (mogth) (day) (year)				Accident, suicide, or homicide	Oate of	
Cemetery or crematory the las Redland				Where did injury occur?(City or town)	(County)	(State)
Location	Belario	Ro	ad	Injured at home, tarm, Industry, public place (whe		
18. Funeral director	John (m	Jelen	Meens of Injury	Injured at work?	
Address	36An 3	MA	Ottomas Of	70107	- psn	and
Lana		1000	of all	23. SIGNATURE Bobe & Bet	and Tlay	other
19. (Date record by res	0 19.#.7 ristrar)		Registrar	Address Sykesville, Ma	syland Date signed 5	-9-47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

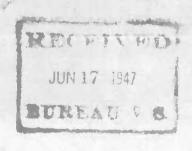
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03829

CERTIFICATE OF DEATH

Reg. Dist. No. 81....

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Many County City or town. (If nutside city or town limits, wrist RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
Howard B Torawmer	218-07-3996
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Mole White Mairied 6.(b) Name of bushand or wife Emma Jane Caracumer	20. DATE DF DEATH. May 10 19 47 at 2,26 M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 45 to May 10 19 47.
	and that I last saw h Lam alive on May 9 1943
7. Birth date of deceased (mo., day, yr.) October 9- 1866	
8. AGE: Years Months Days If less than one day 7 8 7 1	Immediate cause of death Chronic Myseus Intro
9. Birthplace Carrell County, and State)	Due to Casteris Schrosis
10. Usual occupation Satisfed faramen 7. 11. Industry or business Lehigh Partland Coment Co.	Due to
12. Name John Carawner 13. Birthplate Manufaud	Dther conditions
HE 14. Maiden name Mary Elizabeth Mullinix	(Include pregnancy within 3 months of death) Major findings of operations.
≥ 15. Birthplace Maryland	Date of op.
18. Informant Mrs. Emma Jane Chawmed	Autopsy results
Address Union Bridge Maryland 17. Burial. (Burial, crematinn, nr removal. Which?) Date thereof. Mary 12-1942 (mynth) (day) (year)	22. VfOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Papel Carella Telemelling	Where did injury occur?
Location near New Trindese Mid	Injured at home, farm, Industry, public place (where?)
18. Funeral director D. Nartylev & Sayra	Means of Injury Injured at work?
Addressins Bridge & New Kindson, Maryland	23. SIGNATURE JARRES
19. May 12 1947 Michael Registrar	23. SIGNATURE M. D. nr other Address Muir But Date signed 5-10-4)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No. 10

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11	ده	0	3	1/
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CERTIFICATE OF DEATH

County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	(For newborn infants give residence of mother) State. May County County City or town (If outside oky or town limits, write RURAL and give nesrest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war
3. (a) FULL NAME	
	3. (b) Social Security Number
4. Sex 5. Colofor race 6.(a) Single, married, widowed, or divorced	none
	MEDICAL CERTIFICATION
female white widowed	20. DATE OF DEATH May 26 19 47 at 8:15 an
6.(b) Name of husband or wite Dru E D Grank 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) January 26-1862 8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45 to May 25 19.47. and that I last saw h
85 4 0min.	"Teneralmed arterio selevases 2 415 -
9. Birthplace Carrall Gaunty Maryland 10. Usual occupation Hauslunge 11. Industry or business	Due to
12. Name William yohn	Other conditions
13. Birtholace maryland	(Include pregnancy within 3 months of death)
14. Maiden name Rachael Owings 15. Birthplace Maryland	Major findings of operations.
M. 10. Milliplace	Date of op.
16. Interment Williams your In	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Nestminotle Maryland RD	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17. Burial (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (mpfth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Thylosaicle Methodist Country	Where did Injury occur? (City or town) (County) (State)
Location Dayla siville, Maryland	Injured at home, farm, Industry, public place (where?)
18 Funeral director & D Harteler 7 Sans	Means of Injury Injured at work?
Addroller flinder & thurn Bridge, Md	23 SIGNATHER GULLS To Sharsh
18 May 27- 19 47 E- M. Farses (Date ped by registrar) Registrar	Address Washinster The Date signed Way 27-4

JUN 2 1947 BUREAU V S. 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give reaidence of mother)		
Henryton	State Maryland county Dorchester		
City or town Henryton (If outside city or town limits, write KUKAL and give nearest town)	City or town Vienna (If outside city or town limits, write RURAL and give nearest town)		
How long in show place of death? 4 IHOH UITS . 3 Cays	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatroium	Street No.		
Colored Branch, Henryton, Md.	(If rurai, give LOCATION)		
	2.(a) tf veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
ALBERT SAMUEL DEMBY			
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Single	20. DATE OF DEATH May 24, 19 47 , at 6.30A		
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the data above stated; that I attended deceased from		
	Jan., 21, 1947 10 May 24 1947		
7. Sirth date of Theory and Theor	and that I just saw him alive on May 24.9 1947		
deceased (mo., day, yr.) Dec., 24, 1922	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis July		
24 5 0min.	1946		
9. Birthplace (Town, county, and state)	Due to		
10. Usual occupation	Due to		
11. Industry or business			
Edward Demby	Other conditions		
Edward Demby 12. Name Edward Demby 13. Birthpiace Maryland;			
	(Include pregnancy within 3 months of desth)		
E	Major findings ol operations.		
	Date of op.		
16. Informant Deceased	Autopsy results		
Address	PHYSICIAN: Please underline the cause te which death should be charged statistically.		
	22. VIOLENCE: if death was due to external causes, fill in the following;		
17 Burial, cremation, of removal Which?) Date thereot. May 28 1947 (nonth) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Vilina	Where did injury occur?		
And to po me	Injured at home, farm, Industry, public place (where?)		
Location Manual Control Control	Means of injury injured at work?		
18. Funeral director of the therefore The there is the the there is the the there is the there i	Inflator at notal		
Address Frederalshing mel.	Markon Hole a mil		
5/24 47 200 10 1	23. SIGNATURE M. D. or other		
19. 5/24 19.47 all AR. Sualle	Henryton, Md. 5/24/47		

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2411 N. Charles St., Baltimore

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			16
Reg.	Dist.	No.	12

CERTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County Darroll Charles (1) 15 minutes (3)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Manyland County County
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
	Street No. 2 Dayle (18 rural, give LOCATION)
How long in hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME Carrie Doyle	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 W Widow	20. DATE OF DEATH may 1970 1942, 21. 63.04 M
6.(b) Name of husband or wife Michael a. Doyle	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
e fat Id allow also area	194 J. 10 May 9 - 19. Life 7.
7. Birth date of deceased (mo., day, yr.) July 18 - 1875	and that I last saw he last sa
8. AGE: Years Months Days If less than one day 7 2 2hrsmln.	pulatation 6 hrs
a Ritholace Frederick Co. md.	Due to Canaly Drylland ballyon
(Town, county, and state) 1D. Usual occupation Mulliwith	Due to Superior Mullion 3700
11. Industry or business	DUE TO.
12. Name Michael mc Caffrey	Other conditions
₹ 13. Birthplace Greland	(Include pregnancy within 3 months of death)
14. Maiden name Henrietta Frumh	Major findings of operations
14. Maiden name All Malden 14. Maiden name All Malden 15. Birthplace Oreland	Date of op
16. Informant O: Daughar West	Antopsy results
Address 4 Doyle Ove Westminster, nd.	22. VIOLENCE: tf death was due to external causes, flil in the tollowing:
(Burial, cremation, or removal, Which) Date thereot. (punth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St. J. St. Charles Charles	Where did injury occur?
Location Alaskmunsker DA.	Injured at home, farm, Industry, public place (where?)
18. Funeral director H. Bankash Hom	Means of Injury tnjured at work?
Address Westminister Bd.	23. SIGNATURE LEMAS R FANTS MAD. or other
19	Address Washington M. Date signed 5-10-47

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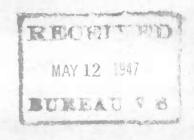
ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly.

PLAINLY, WITH-ONF. is especially important.

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rrect age



PLAINLY, V

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VS A15

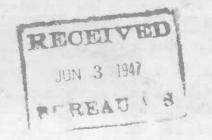
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03833 Reg. Dist. No. 244

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Carroll	State Maryland County Allegany	
City or town Syke sville (If outside city or town limits, write RURAL and give nearest town)	Cumherland	
How long in above place of death? Since 6/19/40		
Hospital, Institution, or street address where death occurred: Springfield State Hospital	Street No?	
How long in hospital or institution? Since 6/19/40	(If rural, give LOCATION)	
	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Fannie Duckworth		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
F W Single	20. DATE DE DEATH May 3) 19.47 at / 30 p.	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
e (a) la direction and	march 16 19 47 10 May 31 19 47	
7. Birth date of	and that I last saw h.e. alive on May 3/ 19 47	
deceased (mo., day, yr.) 1907 (month + day unknum) 8. AGE: Years Months Days it less than one day	Immediais cause of death	
3 7		
40 ·hrsmin.	- Julmonery Intercular 5 mos.	
9. Birthplace Probably Maryland (Town, county, and state)	Due to	
10. Usual occupation. None		
	Due to	
11. Industry or business	1 10 0 0: (01')	
12. Name Thomas Duckworth 13. Birthplace ?	Other conditions mental Deficiency (Ideocy) lfe	
	(Include pregnancy within 3 months of death)	
14. Malden name Linda Belle Duckworth 15. Birthplace ?	Major findings of operations	
	Date of op.	
16. Informant Recrods, Springfield State. Hosp.	Autopsy results	
Address		
(Burial, cremation, or removal, Which?) Date thereot — 3-47 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing: Accident, suicide, or homicide	
Cemetery or crematory Westernston	Where did Injury occur?	
The tend mo	Injured at home, farm, Industry, public place (where?)	
Location Line Control of the Control	Means of Injury Injured at work?	
1B. Funeral director D.s. 2		
Address Westernport-Mil.	23. SIGNATURE amold H. Sichert, M.D.	
19 June 1 19HT O Harry Eleer	Sykesville, Waryland 5-31-47	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Couoly Allegany City or lowa Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	
Charles Lee Earsom (alias Willia	Earson)	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white dicorced	2D. DATE DF DEATH May 9 1947 21 8:00p N	
6.(b) Name of husband or wife 6.(c) If alive, give age year 7. Birth date of 7. The state of 7	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 19.44 to May 9 19.47 and I last saw h im allye on May 9 19.47	
deceased (mo., day, yr.) November 17, 1887	aed that I last saw h	
8. AGE: Years Months Days If less than one day	General Paralysis of the	
9. Birthplace Springfield, West Virginia (Town, county, and state)	. Due to	
1D. Usual occupation	Due fo	
12. Name William F. Earsom 13. Birthplace West Virginia	Other conditions	
14. Malden name Mary Neff 15. Birihplace West Virginia	(Include pregnancy within 8 months of death) Major findings ol operations	
16. Informant Springfield State Hosp, records Autopsy results.		
PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Sykesville, Walfyland 22. Violence: if death was due to external causes, fill in the following: County Cou		
Location Dungherland, ms.	Injured at home, farm, industry, public place (where?)	
18. Funeral director Access. Attender, Suc.	Robert Bertrand May, M.D. Robert Bolest Bertrand May, M.D. Robert Bolest Bertrand May, M.D.	
19. May 10 1947 & Harry Weet (Date recht by registrar) Registra	Springfield State Hospital M. Do of other Address Sykesville, Maryland Date signed 5-9-47	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Dist. No. ...

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn infants give residence of mother)	1
City or town. (If outside city or town shrifts, write RURAL and give nearest town)	State 2 County County	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest	town)
Hospital, Institution, or street address where death occurred:	Street No	
Home Just, any ma.	(If rurai, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME La maran Engle	3. (b) Social Security Nu	nber
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
F W Wilnes	20. DATE OF DEATH May 30 19.47, at	2:15Pu
1 10' 6 0	21. I CERTIFY that death occurred on the date above stated: that I attended deceased	
6.(b) Name of husband or wife.	21.1 Centify that beath occurred on the bate above stated: that I alternate deceased from 19.4.7	
7. Birth date of	and that I last saw Den alive on many 30	
deceased (mo., day, yr.) 7 al. 14, 1855	Immediate cause of death	DURATION
8. AGE: Years Months Days It less than one day	Gerebral hemorrhage	2 da
92 3 17hrs		, and a second
9. Birthplace	Due to ardurio - Silvasia	Tyra
10. Usual occupation. Woundly	Q . D. L	>
	Que to.	- gra
11. Industry or business		
12. Hame 2	Other conditions	
13. Birthplace maybe and	(Include pregnancy within 3 months of death)	
14. Maideo name Earlyn Mary Lag	Major findings of operations.	
41-	Date of op.	
18. Informant 2 2 L Directions Address 2nd. any 2nd.	Autopsy results	istically.
	22. V10LENCE: If death was due to external causes, fill in the following:	
(Bnrial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide	***************************************
Cemetery or exemptory Resistant	Where did injury occur?	tate)
Location Tempton 2nd	injured at home, farm, industry, public place (where?)	
NRRIOI	Means of injury Injured at work?	
18. Funeral director	0	
Address Defree, and	23. SIGNATURE Starting Grabill	
19 May 3/ 1949 Thu Dhuydev (Date red'd by registrar) Registrar	man M. D. oro	731/47
(Date rec'd by registrar) Registrar	Address Date signed Date signed	family facility in

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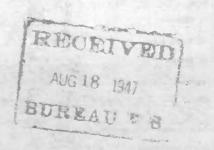
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1700

CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For perform infants give residence of mother)
County	(P)
City or town the land	State County County
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	(If outside city or town Lants, write RURAL and giv nearest town)
Hospital Institution, or street address where death occurred:	Street No. 40/ E. Maker St.
Taylorsaille	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Nuth n. Feather	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1 / made	
J W 75-	20. DATE DF DEATH Non 30 19.47 at 12:30Pm
6.(6) Name of husband or wifo	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h alive on 19
deceased (mo., day, yr.) July 31, 1901	Immediate cause of death
8. AGE: Years Months Days If loss than one day	
39 9 29hrsmin.	7-1-1-0-16111
01.12.12	C. Stall
9. Birthplac Blass Co. Genna.	Due to Clavel Vertebra
The councy, and acase)	
10. Usual occupation.	One to
11. Industry or business Blank Book of see Tory	
12. Name austin M. Feather	Dither conditions
12. Name austin M. Heather 13. Birthplace	
# Met 11 7100.0	(Include pregnancy within 3 months of death)
15. Birthplace Penna	Major findings of operations.
5 15. Birthplace Clinia.	Date of op.
16 Informant Mc. J. Fr. Freather	Autopsy results.
CAN LO BALLE	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 500 down + St. Roaning Spring Va.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Surial Date thereof 6-2-47.	Accident, suicide, or hornfolde asserting Date of 5/30/47
(Burial, assemblion, as semound Which?)	74
Cemetery a coronalory of utheran eme very	Where did injury occur? (City or town) (County) (State)
Location Messay, Blaw Co. Germa	injured at home, farm, industry, public place (where?)
18. Funeral director S. TU. Waltz	Means of Injury automobile according at work?
11 10 8. 10.1	() A A TY 1. Parine
Address Wilm Treld. Ma.	as assured used I March Pepuly Melesal
May 31 WI CHISAM Woult	M. D. or other
(Unde red d by registrar)	Address Stratumenter NW Date signed 5 730747



Reg. Dist. No.

DURATION

CERTIFICATE OF DEATH

/	
1. PLACE OF	DE
	We:
How long in above	

f age

Supply every item of information carefully. The ease write the causes of death clearly and legibly.

/							
1. PLACE OF DEATH: County Carroll					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County		State Maryland	County Carroll				
		Westminster R D & Nr Union Mil					
How long in hos	spital or in	atitution?					
3. (a) FULL	NAME					3. (b) Social Security Number	
Is	sador	e Raham	na Fees	ser		None	
4. Sex	5	. Color or race	8.(a)Sing	le, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Femal	.e	White		Married	20. DATE OF DEATH Man 9	1947 less	
		***********		, Feeser (c) It alive, give age	and that I last saw h	1947, 10 May 9	
8. AGE:	Years	Months	Days	It less than one day	all all		
	77	3	21	hrsmi		5	
		erroll C		Md.	Due to Due to	Lof unf	
11, tadustry or			ewife		VUE TO		
		Jogiah			Dither conditions		
12. Name		Carroll					
				n Reinecker	(Include pregnancy within	3 months of death)	

Carroll County, Md. 2 15. Birthplace Westminster, Md. R.D.2 Address Date thereot.

(Burial, cremation, or removal, Which?) St. Mary's Union Cemetery Silver Run. Location .. Littlestown, Pa. May Oth (Date registrar)

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing:

Accident, sutcide, or homicide, Where did injury occur?

(City or town) (County) injured at home, farm, industry, public place (where?)

Meens of Injury

M. Dorother

MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, is especially

important.

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

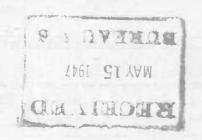
		F2 4
 Dist	N-	74

94		3633			
City or town. Henry ton (If outside city or town limits, write RURAL and give nearest town)			unty		
How long in show place of death?	months, 17 days	City or town Baltimore (If outside city or town limits	s. write RURAL and give nearest town)		
Hospital, institution, or street address wi	nere death occurred: Sulosis Sanatorium	Street No. 523 W. Hoffman			
Maryland Tuber	oulosis Sanatorium	(If rural, give			
Colored Branch	, Henryton, Md.	2.(a) If veteran, name war	2.(a) If veteran, name war.		
3. (a) FULL NAME			3. (b) Social Security Number		
WIL	LIAM GAMBLE		212-12-9934		
4. Sex 5. Color or racs	6.(a) Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION		
male colore	ed married	20. DATE OF DEATH May 13,	19 47 ,18,40P m		
6.(b) Name of husband or wife	Carrie Gamble	21. I CERTIFY that death occurred on the date abo			
		July 26, 19.	46 to May 13, 19 47		
7. Birth date of	ot., 1, 1916	and that I last saw himalive on	ay 13, 19 47		
deceased (mo., day, yr.) Se] 8. AGE: Years Months	Bays I t less than one day	Immediate cause of death			
30 8			culosis June 14,		
	120		1946		
9. 8irthplace Hanover, Md. (Town, county, and state)		Due to			
	c	The state of the s			
		Bue to			
11. Industry or business	27100				
	own	Other conditions			
		(Include pregnancy within 3 r	months of death)		
14. Maiden name Jane	Gamble				
14. Maiden name Jane 15. 8irthplace Prince	ce George's County, Md	Major findings ut operations			
16. Informant Deceased		Autopay results			
16. Informant		PHYSICIAN: Please underline the cause to wi			
Address	10000115-10	22 VIOLENCE: It death was due to external cau	ses. fill in the following:		
(Burial, cremation, or removal, Wh	Bate thereo (month) (day) (year)		Bate ot		
Ma	(month) (day) (year)		(County) (State)		
Cemetery or crematory	11 14 /11				
Location	A	Injured at home, farm, Industry, public place (wi			
18. Funeral director.	THE THEREON	Means of Injury	Injured at work?		
Address D/	In Hullace	7. 0 (150	m- 2		
Mulicos (1)	a la	23. SIGNATURE Mauleur 180/	uan, m.D.		
19. 5/13 19.4	albert (Swants	Henryton, Md	Bate signed 5/13/47		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING

correct age

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ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

PLAINLY, WITH UNF. is especially important.

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

CLRT	ITICATE OF DI	ARIII	Reg. Diat. No.
1. PLACE OF DEATH: County WALES CO.	(For newbo	SIDENCE (HOME) OF DE	Comall.
City or town	t town)	If outside city or town limits, writ	born my
How long in above place of death?		if outside city or town finites, write	
3/2 1/4		(If rural, give LOCA	
How long In hospital or Institution?	2.(a) If veteran, n	ame war	
3. (a) FULL NAME Same Geesey	/		(b) Social Security Number
4. Sex 5. Color or face 6.(a) Single, married, widower of fi	2D, DATE DF DEATH	MEDICAL CERT	SIFICATION 4 250P
6.(6) Name of husband or wife	21. I CERTIFY tha	death occurred on the sate above star	ted; that I attended deceased from
7. Birth date of	years and that I last saw	a/ -1 Ma	es 2 4 19 V
deceased (mo., day, yr.) Oct 25, 1859	Immediain cause	2 death cerely	DURATION
8. AGE: Years Months Days If less than one day	Sh	rombous	- 1 2 was
8/16/29hrs.	min.	A 7	1 / 24
9. Birthplace Man Indexelo Ind Co. (Town, county, and state)	Med - Due to Man	e aruro	year is pare
10. Usual occupation		A	
() \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Due to		
11. Industry or business	011	Kara Bugo	Ton /mo
12. Name Indeside Oland	Other conditions	60 mit.	f
	11.1	Include pregnancy within 3 month	s of death)
14. Maiden name T. Marry Curso School 15. Birthplace Tred Co. Md.	Major findings of	operations	
≥ 15. Birthplace Thed G			
16. Informant 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	Antopsy results PHYSICIAN: Ple	ase underline the cause to which d	eath should be charged statistically.
Address Frederich / Marylan		If death was due to external Jauses, f	
17. (Burial cremation, or removal Which?) (Burial cremation, or removal Which?)	(year) Accident, suicide,	or homicide	
Cemetery or crematory	Lesy Where did Injury	occur?(City or fown)	(County) (State)
Location Frederick PT: Mid.		arm, Industry, public place (where?)	
Ma D Still	Means of Injury		Injured at work?
Address / D & Cleaned St Inchain	nell	TIM Ina	and ment
FIS 6 CO THE	23. SIGNATURE		M. D. or Alber
19. (Date rec'd by registrar)	Registrar Address	Ephrones	Date signed 126/4

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2411 N. Charles St., Baltimore

03839

CEDTICICATE OF DEAT

correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

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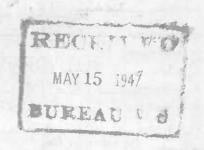
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CERTIFICAT	TE OF DEATH Reg. Diat. No. 74
1. PLACE OF DEATH: county Carroll City or town Henryton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 7 months, 6 days Hospital, institution, or street address where death occupred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md, How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 1351 N. Stockton Street (If rural, give LOCATION)
3.(a) FULL NAME MARTHA GIBSON	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced female colored Married 8.(b) Name of husband or wife Unknown	MEDICAL CERTIFICATION 20. DATE OF DEATH May 13, 19 47, at 9.45P at 1.1 CERTIFY that death occurred on the date above stated; that I attended deceased from October 7, 1946 to May 13, 19 47
7. Birth date of deceased (mo., day, yr.) December 23, 1920	and fhat I last saw h. er alive on May 13, 18.47
8. AGE: Years Months Days If less than one day 26 4 20 hrs. min. 9. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual occupation Domestic	Pulmonary Tuberculosis Sept. Due 10. Due 10.
11. Industry or business 12. Hame Will Carroll 13. Birthplace Maryland 14. Malden name Finney Carroll 15. Birthplace Maryland .	Other conditions
16. Informant Deceased Address 17. Survival Date thereof (month) (day) (year) Cemetery or crematory Mark Gulling (month) (day) (year) Location Saturate (year) 18. Funeral director Set Samuel (samuel (month)) Address Sold Filss (mark) Set Samuel (month) (day) (year)	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

03840

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	RAHAM 3. (b) Social Security Number
4. Sex 5. Golor or race 6.(a)Single, married, widowed, or divorced Male Coloned Widowed Golowed Golowe	MEDICAL CERTIFICATION 20. DATE DF DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 47, to 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 47, to 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 22. I CERTIFY that death occurred on the date above stated: that I attended deceased from 23. I CERTIFY that death occurred on the date above stated: that I attended deceased from 24. I CERTIFY that death occurred on the date above stated: that I attended deceased from 25. I CERTIFY that death occurred on the date above stated: that I attended deceased from 26. I CERTIFY that death occurred on the date above stated: that I attended deceased from 27. I CERTIFY that death occurred on the date above stated: that I attended deceased from 28. I CERTIFY that death occurred on the date above stated: that I attended deceased from 29. I CERTIFY that death occurred on the date above stated: that I attended deceased from 29. I CERTIFY that death occurred on the date above stated: that I attended deceased from the date above stated in the date above
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 4. AGE: Years Months Days If less than one day 7. A Months M	Immediate cause of death Cataline Caseins Due to.
12. Name 12. Name 13. Birthplace 14. Malden name 15. Birthplace 15. Birthplace 16. Warner 17. Name 17. Name 18. Market 19. Name 19. Nam	Other conditions
16. Informant Address Mt , May Md. Address Mt , May Md. 17. (Burial, esemation, or removal, Whiteh?) Cemetery or crematory Address May (year)	Autopsy results
Location (DUCRS CORNER, MARCH CO. MA	Means of Injury Injured at work? 23. SIGNATURE M. D. or other Address Address Address Address Address



2411 N. Charles St., Baltimore

1316

03841

	CERTIFICATE OF DE	ATH Reg. Diat. No. 7
County (If outside city or town limits, write RURA How long in above piace of death?	(For newbor	DENCE (HOME) OF DECEASED: In infants give residence of mother County County f outside city or lown limits, write RURAL and give nearest (wy)
How long in hospital or Institution?	2.(a) If veteran, na	(If rural, give LOGATION) me war
3. (a) FULL NAME	. Helwig	3. (b) Social Security Number 220-01-3150
4. Sex 6. Color or race 6.(a) Single Man	Committee, wildowed, or divorced 20. OATE OF DEATH	medical certification may 28 1947 at 217.A.
6,(b) Name of husband or wife	alive, give age years	death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Monihs Days III	18 3 0 and that I first saw Immedia: cause o	n. Z. alive on
9. Birthplace Was larbit Minister Clar (Town, county, sha state) 10. Usual occupation Larbus 11. Industry or business	Due to	Vania
12. Name	melan	operations. Bale of op.
16. Informant Mas & Harry M.	Autopsy results PHYSICIAN: Plea	se underline the canse to which death should be charged statistically.
17(Buylal, cremation, or removal, Which?) Cemetery or erematory.	(month) (day) (year) Accident, suicide,	or homicide
Location Man Winters	· - 20 - 1	rm, Industry, public place (where?)
Address Addres	La MA 23. SIGNATURE	W. C. Josnutt, M.D. or other

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2411 N. Charles St., Baltimore

03842

CERTIFICATE OF DEATH

og. Diat. No. 74

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	state Maryland county Prince George's		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town Hyattsville (If outside city or town limits, write RURAL and give nearest town)		
Hoonital Incitiation or street address where death Occurred:	(If outside city or town limits, write RURAL and give hearest town)		
Maryland Tuberculosis Sanatorium	Street No		
Gold of Branch, Henryton, Md.	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
ROSALEE AGNES HENSON	578-28-7039		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female colored single	20. DATE OF DEATH. May 13, 19 47 31 2.50P M		
8,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	June 9, 1947 May 13, 1947		
7. Birth date of deceased (mo., day, yr.) April 13, 1919	and thall last saw h. Or alive on May 13, 18 47		
deceased (mo., day, yr.) 8. AGE: Years Months Days Il less than one day	Pulmonary Tuberculosis Oct.		
28 1 0min.	1945		
	Bue to		
9. 8irthplace	900 ()		
10. Usual occupation Domestic	Due to		
11. Industry or business			
Lawrence Henson 12. Name Lawrence Henson 13. Birthplace Adalina, Md.	Other conditions.		
	(Include pregnancy within 3 months of death)		
14. Malden name Myrtle Wilson 15. Birthplace Baltimore, Md.	Major fiadings of operations.		
15. Birthplace Baltimore, Md.	Date of op.		
16. Informant Deceased	Autopsy results		
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Brial Date thereof 5 16 1947	22. VIOLENCE: II death was due to external causes, fill in the following;		
(Burial, cremation, or removal phiof:) Date thereof (month) (day) (year) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did Injury occur?		
Location	Injured at home, farm, Industry, public place (where?)		
18. Funeral director of Mall K William	Means of Injury Injured al work?		
Address 222 h: schroeger fr	23. SIGNATURE Mosley Hoffman, m.D.		
5/13 47 Ml 188 4 11	M. D. or other		
19. 5/13 19. 47 Consult V LOCAL Registrar	Address Henryton, Md. Date signed 5/13/47		



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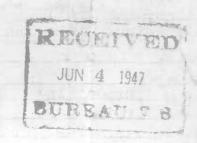
CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Carroll	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
	State Maryland County
City or town Sykesville (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 6 years, 5 months, 13 days	City or town Baltimore. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 463 Brunswick Street
Springfield State Hospital	(If rural give LOCATION)
How long in hospital or institution? 6 years, 5 months, 13 days	2.(a) it veteran, name war.
3.(a) FULL NAME LENA S. KEIL	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white married	
Temale white married	20. DATE OF DEATH. May 15th 19.47 21 3:35 DM
6.(b) Name of husband or wife William F. Keil	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	January 1st 19.42 to May 15th 19.47
7. Birth date of	and that I last saw h. Crative on May 15th
deceased (mo., day, yr.) July 23, 1889	Immediate cause of death
8. AGE: Years Months Days If less than one day	Coronary occlusion 3 minutes
57 9 22hrsmin.	Coronary disease
D 21.	
9. Birthplace Baltimore, Maryland (Town, county, and state)	Due to generalized arteriosclerosis
1D. Usual occupation. housewife	and arterial hypertension 6 years
1D. Usual occupation	Due to
11. Industry or business	
12 Name Frederic Schlutte 2 13. Birthplace Baltimore, Maryland	Other conditions Manic-depressive psychosis,
13. Birthplace Baltimore, Maryland	
Z D	manic phase (Include pregnancy within \$ months of death)
불 14. Malden name Dorothy Bain	Major findings of operations
14. Malden name Dorothy Bain 15. Birthplace Baltimore, Maryland	
16. Informant Hospital records	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Springfield State Hospital	22. VIOLENCE: If death was due to external causes, till in the following:
17. (Burial, cremation, or removal, Walch?) Date thereof	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Loudon Fast	Where did Injury occur?
Location Baltimore, Mid.	Injured at home, farm, industry, public place (where?)
	Misens of Injury Injured at work?
18. Funeral director Schwab	Misans of minit
Address 2101 Frederick avenue	23. SIGNATURE Trene Hohman, M.D.
19. May 16 1947 C. Harry West (Date rec's by registrar) Registrar	Address Springfield State Hospital Date signed 5-15-47



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Nov. 1946



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03846

Reg. Dist. No. 2H

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Carroll						
City or town Sykesyille (If outside city or town limits, write RURAL and give nearest town)			ITTD A V 3	state Maryland county City		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?				City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or	street address where	death occurred	i:			
Springfield State Hospital				street No. 3529 Reisterstown Road, Baltimore, Md.		
How long in hospital or	Institution? Sin	ce 4/11	1/37	2.(a) If veteran, name war		
3. (a) FULL NAM				3. (b) Social Security	Number	
	Celia Lev	17		o. (o) Botian becauty	11 mm oct	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION		
न	W	Siz	ngle			
E	9.9	1 271	1870	20. DATE OF DEATH. 5/23 19.47.	.,at1:10 A .	
6.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date above stated; that I attended deci	eased from	
			A Madharan	2/8 19 147, 10 5/23	19.47	
7. Birth date of			c) If alive, give ageyears	and that I last saw h. 34 alive on 5/22	19.47	
deceased (mo., day, y				Immediate cause of death	DURATION	
8. AGE: Years	Months	Days	If less than one day	<u></u>		
44	1	17	min.	Cancer of the Ovary	unknown	
9. Birthplace	nicago, Il	linois	***************************************	susy (multilocular Cent of the Ovary)	Discourse	
					2-8-47	
1D. Usual occupation	racto	r worke	3r	Due to		
11. Industry or business	?					
質 12. Name. Har	ry Levy	•••••		Dither conditions		
13. Birthplace	Russia			11: 1 : 10 : 1	14 40 40	
~				(Include pregnancy within 8 months of dath)	-	
-	Sarah ?			Major findings of operations		
15. Birthplace Russia						
16. Informant Reco	rd, Sprin	gfield	State Hospital	Autopsy results.		
	sville. M		•	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
11	0			22. VIOLENCE: If death was due to external causes, till in the following:		
17(Burial, cremation,	or removal, Which?)	Date there	01 3-23-47 (month) (day) (year)	Accident, suicide, or homicide		
	, Okel- A		me Clear.	Where did Injury occur?	••••••	
Ball real					(State)	
Location Address Control Contr			', A	Injured at home, farm, Industry, public place (where?)		
18. Funeral director, Jack Leuce, Ree			, are	Means of Injury Injured at work?		
Address / H 3	98. 7	ello.	St.	23. SIGNATURE amold N. Sichert)	m.D	
L ma .			11. 41. 1	23. SIGNATURE COMPLETE A COMPLETE MY. D.	or other	
19. May 2. 3. 18 H C Harry Thurs Registrar				Address Sykesville, Maryland Date signed.	5/23/47	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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03847

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Westmansler - land	State mary Land County Cassoll		
(If outside city or town limits, write RURAL and give neares) town)	al estancial Te. D		
How long in above place of death?	(If outside city or town limits, write RURAL and tive harest town)		
nospital, institution, or street assuress where seam occurred.	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
marion marcine Like	216-22-9860		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
F W Widow	20. DATE OF DEATH. ARAGINA 19 19 19 20 21 10:30		
6.(b) Name of husband or wife Supply	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from		
	18 1 1 1 1 1 10 1 1 1 1 1 1 1 1 1 1 1 1		
7. Birth date of	and that I last saw be a calive on the same of the sam		
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediais cause of death DURATION		
72 - 18 hrs. min.	Della Maria		
m- 1. To f. 118 m-1	Church mandella 5th		
9. Birthplace man charles Carrell 60: md.	Due to ANTANA THOSE STATES		
10. Usuat occupation attime dant	Due 10 arturas Aduracio 8 750		
11. Industry or business Chinolynaction office	00010		
= 12 Name Bearge W. Englishart	Dther conditions		
13. Birthplace manchester, mod.			
14. Maiden name Rachael Frankforter	(Include pregnancy within 3 months of death)		
14. Maiden name Rachael Frankforter 15. Birthplace Manchester, Ind.	Major findings of operations.		
44 7	Date of op.		
16. Informant Williams H. Myere	Autopsy results		
Address 79 Februay A., Westminster, nd.	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burful, cremation, or removal, Which?) Date thereof (medith) (dus) (year)	Accident, suicide, or homicide		
Cemetery or crematory Knikere & constant	Where did Injury occur?		
Location Wietminster, med.	Injured at home, farm, Industry, public place (where?)		
1100 (11-	Msans of Injury Injured at work?		
18. Funeral director	61 DT 4		
Address Westminder, 121.	23. SIGNATURE CALLO CALLO CONTROL OF OTHER		
19. (Date per livy registrar)	Address Machines 194		
(Date rec'd by registrar)	AUUI 500 VELO OIGHOU		





2411 N. Charles St., Baltimore

83 a

03849

CERTIFICATE OF DEATH

Reg. Diat. No. 81

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
Ceunty Cano	(For newborn infants give residence of mother) State Many Land. Genoty		
City er tewn	State Many Ceuoly County		
How long in abeve place of death?	(If outside city of town limits, write RURAL and give nearest town)		
How long in abeve place of death?			
	Street Ne(If rural, give LOCATION)		
How long in hespital er institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Harrison Millia	m Mort 220-10-5227		
4. Sex 5. Color er race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION E, S. T.		
m 21 married	20. DATE DE DEATH. May 27 18 47 at 11 -P M		
nottie & Bules.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name et husband or wife	May 27 19.407 10 Same 19 -		
7. Birth date of 2. 2. 3. years	and that I last saw h.J.Ma. alive en May 27 18 47		
deceased (mo., day, yr.) Oct. 27. 1889	Immedia: cause of death Cardia's and DURATION		
8. AGE: Years Menths Days If less than one day	Marie Carlo C. Jan Lailure		
57 7 0hrs. min.			
20 201 - 7 16 6 41	Conford bemarleys 1 whe		
9. Birthplace Herr Milway Fresh Co Mid	Due te		
10. Usual eccupation Carponter	Bus to		
11. Industry or business	Due 1e		
// 6 .	Dither condifiens.		
2			
	(Include pregnancy within 3 months of death)		
14. Maiden name Margaret Elay baugh 15. Birthplace 14. Maiden name Margaret Elay baugh	Major findings of operations.		
S 15. Birthplace I MAL	Date of ep.		
my nothing mont	Autopsy results.		
16, Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Steyman, Man	22. VIOLENCE: If death was due to external causes, till in the tellewing:		
17 But Date thereet May 30, 1947	Accident, suicide, or hemicide		
(Burial, cremation, or removal. Which?) (month) (day) (year)	II.		
Cemetery or cremetory	Where did Injury eccur?		
Lecation Ladiesburg. Myd	Injured at heme, tarm, Industry, public place (where?)		
10 - 88 × 20 - tolos	Means et injury Injured at work?		
18. Funeral directer	la D ld. and		
Address Novolsboro Mal.	23 SIGNATURE WT Y Madley 1.		
May 28 . 47 Bichwan	M. D. or other		
(Data red'd by registrar)	Address Vancy Lown Md Date signed 5/28/47		

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2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants giv residence of mother)
City or town. It outside city or town limits, write RURAL and give near at town	State Caust
How long in above place of death? The state of the state	(If outside city or town limits, write RURAL and give nearest town)
Hospital institution, or street address beere double desired.	Street No. 21 ruh —
Springfully That XI They	(If rural, give LOCATION)
bow long in hospital or institution?	2.(a) If veleran, name war
3. (a) FUCT NAME Catherine P	Haung 3. (b) Social Security Number
4. Ser 5. Color or race 6.(a) Single, marged, widowed, or divorced	20 DATE OF DEATH May 8 Th 19 47 21 30 M
6.(b) Name of husband or wife	21. I CERTIFY that death recurred on the date above stated; that Cattended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h alive on May after 19 4.7.
8. AGE: Years Months Days If less than one day	Immediair cause of death
8 / min.	Company the second of the seco
Billiand	and and spenting and a support
9. Birthplace	Due fo
10, Usual occupation	12 delegand 12
11. Industry or busing the struck Boarding bours	Due to Ald And And And And And And And And And An
	fly flammer of
12. Name Charles of languages	Dther conditions
	(Include pregnancy within 3 months of death)
HE 14. Maiden name Apply The State of the St	Major findings of operations
2 15. Bytholace Denyingmy	Date of op.
16. Information of Mary Schaller	Antopsy results
Address O W Day ettle Str Batter	PHYSICIAN: Please underline the cause to which death should he charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?)	Accident, suicide, or homicide
Cemetery or crematory Author Face Cemeters of Cemeters	Where did Injury occur?
Location Ballo md.	Injured at home, farm, Industry, public place (where?)
() 4.1 \ P. 1/	Means of Injury Injured af work?
18. Funeral director	41411 - 410
Address \$311 Camondson ave.	23. SIGNATURE A LA L
May 18 of 9 P Harry Weer	M. D. or other
(Date rec'd by registrar) Registrar	Address A. J. A. S. A. A. A. A. Date signed

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

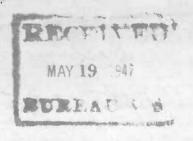
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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

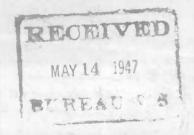
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03852

eg. Dist. No. 2H

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn/infants give residence of mother)		
County Carly J	Was On Ca		
City or town	State Couply Couply		
How long In above place of death? 2 454 3 115 G da	(If outside city or town limits, write RURAL and give nearest town)		
solial, institution, or street address where the courted:			
James el el Atale Hostilas	Streel-No(If rural, give LOCATION)		
How long in hospital of Astitution?	2.(a) If veleran, name war.		
- + N			
3. (a) FULL NAME	3. (b) Social Security Number		
Cuma Rh	odes		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
W. Widowed	20. DATE OF DEATH MAY 9 th 19 47 21 8-15 M		
7. 0	21. I CENTALY that death accurred on the date above stated: that I ctonded deceased from		
6.(b) Name of husband or wife	VATION IN WILL THE		
E (a) If allya give age	19.70		
7. Birth date of	and that I last saw h		
deceased (mo., day, yr.) R ACF- Years Months Days If less than one day	Immediate cause of death		
8. AGE: Years Months Days If less than one day	A A A A A A A A A A A A A A A A A A A		
/5. hrsmin.	Cerefral Summyage July		
And.	Due fo.		
9. Birthplace(Town, county, and stote)			
10. Usual occupation	Due to The arterior Velevine		
11. Industry or business			
= 12. Name Canar Curly	Diher conditions		
13. 6irthplace Junior	(Include pregnancy within 3 months of death)		
= 14. Maiden name	Major findings of operations.		
15. Birthpice	Major natures of operations		
M. H. J. Williams			
16. Informary M. XIIII S. M. C.	Antopsy results		
Address Hen Omne Min			
Busiel May 13 1947	22. VIOLENCE: If death was due to external causes, till in the following:		
(Burial, cremation, or removal, Which?) Date thereof (mogth) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Offices and Place.	Whera did injury occur?		
1. 16 5. 1	Injured at home, farm, Industry, public place (where?)		
Location Statute Control of the Cont			
18. Funeral director Thelliam Cook Inc.	Means of injury Injured at work?		
16 5 10 1 M A 16 5. 1.	VIV X1 + X1/1		
Address /2/189 Pauls 44. Gallo-Ma.	23. SIGNATURE M. MANUAGO MINU.		
. May 10 "HI B. Harry Fileen	M. D. grather		
(Date rec's by registrar) Registrar	Address Dyklinke Manusigned 19147		



R. P. Prop

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

/						/	
1. PLACE OF DEATH: County Carroll				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town (If outside city or town limits, write RURAL and give nearest town)				state Maryland County Carroll			
(If outside city or town timits, write RURAL and give nearest town)				City or town Westminster (If outside city or town limits, write RURAL and give nearest town)			
How long in above place	How long in above place of dealh? 6 months						
Hospital, Institution, or street address where death occurred:			Street No				
How long in hospital or institution?							
3. (a) FULL NAM	E					3. (b) Social Security 1	Number
	B	lanch	e Mildred Rober	tson		none	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICA	AL CE	RTIFICATION	
female	white		widow				1010A
		1		20. DATE OF DEATH			
B.(b) Name of husband	or wite Walt	er E.	Robertson	21. I CERTIFY that death occurred on the			
		6.(c) It alive, give ageyears	1771-1-		10 11	
7. Birth date of deceased (mo., day,)	Sente	mhar (9, 1881	and that I last saw h	and.	1 1	
8. AGE: Years		Days	It less than one day	Immediate cause of death	-		DURATION
65	8	3	hrs. min.		F. F. Larre		.0000
				3. 26.0	1/ 10/	Carry LAPP	L-1160
9. BirthplaceCa	9. Birthplace Carroll County, Maryland (Town, county, and state)			Due to	£	rmusqu	0646
1D. Usual occupation	1D. Usual occupation			Due to. Charles Transaction	Dest	Elin C. C. la C	. Jacquetidgenige
11. Industry or busines					Indiana.	••••	
Elias Flater 13. Birthplace Maryland			Other conditions				
13. Birthplace	Maryland						
H	Annie	E. P	hillips	(Include pregnancy within 3 months of death) Major findings of operations.			
H 14. Malden name. 15. Birthplace							
≥ 15. Birthplace	Maryl			••••••••••••		Date of op	
16. Intermant	Joshua	M. MOI	nath	Actopsy results			
Address	Westmin	ster,	Md.	PHYSICIAN: Please underline the can			nausucany.
" huris				22. VIOLENCE: If death was due to ext			
] n, or removal, Which?		eot 5/14/47 (month) (day) (year)	Accident, suicide, or homicide			
Cometery or crematory Sandy Mount Cemetery			Where did injury occur?(City of	r town)	(County)	(State)	
Location Sandy Mount, Md.				Injured at home, farm, industry, public place (where?)			
18. Funeral director J. Francis Reese				Means of Injury		tnjured at work?	
18. Funeral director	J. FI	ariers	neese	11/	1 -		1
Address			AS. SIGNATURE A PARA	0/5	yours 1	11/1	
51	13 4	7 5	Heredonas	S. SIGNATURE. T. J	-	_ 12 M. D. c	12 1 to 21.
19. (Date rec'd by re	gistrar)	f. Kf.f.	Registrar	Address Plant	N/s	Date signed	5:12-4-7

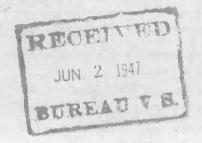


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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County Carroll Co.	State Melanland County Carroll
City or town	+
How long in above place of death? 2 44 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1132-Mayer St
113 E. Meni IT	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) II reteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Gloral Roch	
4. Sex 5. Color or race 6.(a) Single, manifel, widowed, or divorced -	MEDICAL CERTIFICATION
m. w. widowed	20. DATE DE DEATH May 30 19.47 2111:45 P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Norther 1946 to May 30 1947
6.(c) If alive, give ageyears	
7. Birth date of	and that I last saw halive on
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
8. AGE: 9 20hrsmin.	Generalized Willow Selevico you.
9. Birthplace Leverpool England	Bue to.
(Town, county, and state)	800 1000
1D. Usual occupation	Due to
11. Industry or business	
E 12. Name Assessed Meth	Dther conditions
13. Birthplace Suglement	(Include pregnancy within 3 months of death)
14. Maiden name. Abacca Cushan	
15. Birthplace Sugland	Major findings of operations
1.4.1. 115 11.01	
16. Informant 1186 2	Antopsy results
Address //3, - Mass St. Wingusses May	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) Date thereol (month) (day) (rear)	Accident, suicide, or homicide
Cemetery or crematory Marisheld Cemeters	Where did injury occur? (City or town) (County) (State)
00000	Injured at home farm, Industry, public place (where?)
Location Alsserfolia	Means of Injury Injured at work?
18. Funeral director	N 50
Address & Whathungter, MA.	23. SIGNATURALLES / March
19 1/31 1947 Allers many	M. D. or other 31-49
(Date rec'd/by registrar) Registrar	Address Date signed



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03855

Reg. Diat. No ...

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State And And County City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town) Street No
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME FRANCIS S. Rodg	3. (b) Social Security Number
Male White Singly, married, widowed, or divorced Widowed.	MEDICAL CERTIFICATION 20. DATE DE DEATH
8,(b) Name of husband or wife 5mma Collage 25 7. Birth date of 9. (c) If elive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4. 7. to Many 4. 19. 4. 7. and that I last saw h. MAA. alive on Many 3. 19. 4. 7.
8. AGE: Years Months Days If less than one day 60 0 4	Immediate canse of death DURATION OUTSILVE OF THE OUTSILVE Outsil
9. Birthplace CAPRO (Town, county, and state)	Due to Auferdinava Jasa
10. Usual occupation	Due to arterio Sclarocis ? yes
E 12. Name James Rodgeres 13. Birthplace Manufawd	Other conditions The Interspiral nephritis
14. Malden name MARGARET Slick 15. Birthplace MARY IAN A	(Include pregnancy within 8 months of death) Major findings of operations.
16. Informant Mrs. Helew Faires	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Woodfine Md. 17. BURIA Determine S-6-1947 (Burlal, cremation, or removal, Which?) Date thereof S-6-1947 (month) (day (year)	22. VIOLENCE: If dealh was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery of crematory MORGAN Chapel Location Soulding Garrell Co. Md.	Where did injury occur? (City or town) (Connty) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
19. May 5 - 1947 Tha M. Hewitt	23. SIGNATURE
(Date rec'fi by registrar)	Address Myany - My Date signed 5/5747

THE REAL PROPERTY AND APPLICATIONS AND ASSESSMENT

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RECENT WD MAY 12 1947

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2411 N. Charles St., Baltimore

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			CERTIFICA	IE OF DEATH	Reg. Dist. No	
1. PLACE OF DEA	TH: Troll			2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of	F DECEASED: mother)	
	stminster		RURAL and give nearest town)	State Md. County Carroll		
				City or town Westminster (If outside city or town limits		
How long in above place Hospital, Institution, or	ot death?	death occurre	d•			
27	Ridge Rd	•		Street No. 27 Ridge Rds.	LOCATION	
How long in hospital or	Institution?	3 yrs	- above address	2.(a) If veteran, name war		
3. (a) FULL NAME		-	LBERT L. SALTER		3. (b) Social Security Number NONE	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	White		Married		25- 1947, at 8. U.	
6.(b) Name of husband	or wife Lillia	an M.	Salter	21. I CERTIFY that death occurred on the date abo		
		6.	(c) It alive, give ageyears		fr. 7. 10. All be little for them. J 19. Jan)	
7. Birth date of deceased (mo., day, yr		16, 1			1947	
8. AGE: Years	Months	Days	It less than one day	Immediate cause of death Call		
78	9	9	hrsmin.		3 71/49	
10. Usual occupation	reti	red . Sàlt		Due to		
13. Birthplace		-		(Include pregnancy within 3 n	nontha of death)	
14. Maiden name 15. Birthplace	Harriett	e.AY	earyley			
≥ 15. Birthplace	Baltimor	e, ma.			Date of op	
16. Informant Mr.S				Antopsy results	ich death should be charged statistically.	
Address 17. Buria. (Burial, cremation,			Westminster, Md. 5/27/47 (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	ses, fill in the following;	
Cemetery or cremator	, Drui	d Ridg	e Cem.	Where did injury occur?(City or town)	(Connty) (State)	
Location	Pike	sville	, Md.	injured at home, farm, industry, public place (wi	nere?)	
1B. Funeral director	WM. J. T	ICKNER	& SONS	Maans of Injury	Injured at work?	
Address	Balto.	, Md.		Seha-	P Truth Will	
19. May o	26 19 4 ristrar)	2 4	P. W. Hedresi Registrar	23. SIGNATURE CANADA Address JAS D. Address JAS D. Address D. S. D. Address D	M. D. orother Land Date signed 5 = 25	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

MARGIN RESERVED FOR BINDING

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WRITE

PLEASE

VS A15 9.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CER	TI	FI	CA	TE	OF	DEA	TH
CLR		LI	UA	IL	OL	ULA	

Reg.	Dist.	No.	70

1. PLACE OF DEATH: County Carroll				2. USUAI. RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
				State Maryland	County Carroll	•••••
			RURAL and give nearest town)	City or town. Taney town (If outside city or town limits, write RURAL and give nearest town)		
	ow long in above place of death? 30 years ospilal, institution, or street address where death occurred:					
***************************************				Street No. (If rural, g	give LOCATION)	
How long in hospital or	Institution?		***************************************	2.(a) It veteran, name war	••••••	
3. (a) FULL NAME			,		3. (b) Social Securit	ty Number
	George				none	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Male	White	M	arried	20. DATE DE DEATH May	20th 1941	7 at 7:15 A.m
6.(b) Name of husband	or wite Irene	Reifsn	ider Sauble	21. I CERTIFY that death occurred on the date	above stated; that I attended de	aceased from
		B.(c) If alive, give ageyears	and that I last saw himmalive on 90	19.7.1. to	2.9.44119T
7. Birth date of deceased (mo., day, yr	June 9.	1875		and that I last saw h Annualive on		
8. AGE: Years	Months	Days	It less than one day	ammediate cause of death		alen
71	11	11	hrsmin.			minutes
9. Birthpiace	Mayylan (Town,	d county, and	state)	Due to arterio Scle	rosis	2 years
10. Usuai occupation	Farmer	***************************************	,	Busha	***************************************	*****
11. Industry or business	Own farm			vue (o		
≝ 12. Name Will	iam Saubl	e		Dther conditions		
	Maryland	7.00		(Include pregnancy within		
至 14. Malden name	Mary Ann	Geiger				
14. Malden name	Maryland			Major findings of operations		•••••••••••••••••••••••••••••••••••••••
	George R	Saub	le	Autopsy results		
Address Ta	neytown,	IId.	a killer i et i i e	PHYSICIAN: Please underline the cause to		ed statistically.
D 7			eo May 23. 1947	22. VIOLENCE: If death was due to external		
	or removal, Which?)	(month) (day) (year)	Accident, suicide, or homicide		•1•1••••
			etery	Where did injury occur?(City or tow	n) (County)	(State)
Location Tar	neytown, M	d		Injured at home farm, Industry, public place		***************************************
18. Funeral director	C.O.Fuss	& Son		Means of Injury	Injured at work?	
Address TE	neytown,	Md.		23. SIGNATURE & MrB.	annu /	Mids
may 2	3 47	att	I M Mekry	23. SIGNATURE AS TALL Y. IO.	M. I	D. es other
(Date of d by reg	ristrar)19 //		Registrac	Address / aneytown &	Manyland Date signe	may 2014 194
				9	9	

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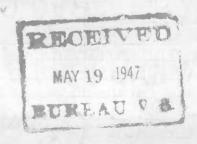
2411 N. Charles St., Baltimore

03858

CERTIFICATE OF DEATH

74 Rog. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Carroll	Manuland		
City or town			
6 vrs. 1 mo's. 11 days	City or town Baltimore. (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street, address where death occurred:	Street No. 917 N. Bond Street		
Maryland Tuberculosis Sanatorium	Street No		
Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium Colored Branch, Henryton, Md.	2.(a) It veteran, name war		
3. (a) FULL NAME			
	3. (b) Social Security Number		
JOSEPH GODFREY SIMMONS	217-03-0378		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male colored married (Sep)	20. DATE OF DEATH May 16, 19 19 19 19 19 19 19 19 19 19 19 19 19		
6,(b) Name of husband or wife Viola Simmons	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
	October 25, 19 40 10 May 16, 19 47		
7. Birth date of	and that I last saw h im alive on May 16, 19 47		
deceased (mo., day, yr.) November 25, 1903	Immediate cause of death		
8. AGE: Years Months Days It less than one day	Pulmonary Tuberculosis July		
43 5 11hrsmin.	1940		
Norfolk, Va.	Bus to		
9. Birthplace Norfolk, Va. (Town, county, and state)	900 10		
10. Usual occupation Laborer	B. A.		
11. Industry or business	Due to		
	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name Martha Pitt	Major findings of operations		
15. Birthplace Virginia	Date of op.		
16. Informant Deceased	Autonsy results		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address	22. VIOLENCE: It death was due to external causes, till in the following:		
17 Burtal, cremation, or removal. Which?) [Burial, cremation, or removal. Which?] [Burial, cremation, or removal. Which?]	Accident, suicide, or homicide		
(Burlal, cremation, or removal. Which?) (month) (day) (year)			
Cemetery or crematory.	Where did injury occur?		
Location	Injured at home, farm, Industry, public place (where?)		
Chow O Wilson -	Means of Injury Injured at work?		
18. Funeral director.	7 6,00		
Address 1000 Branchy and	23. SIGNATURE Caleer Hoffman, m. D. M. D. or other		
1 5/16 47 (Mut R. Same Ale	M. D. or other		
(Date rec'd by registrar) De Du L y Local Registrar	Address Henryton, Md Date signed 5/16/47		



2411 N. Charles St., Baltimore

03859

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF I	EATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County	Henryton If outside city or tow	n limits, write	RURAL and give nearest town)	State Maryland county Wicomico			
How long in above pl Hospital, institution, Marylan	ace of death? 1 or street address while Tubercu	yr., 9 I ere death occurre losis Se Henryta	nos., 2 days				
3. (a) FULL NA	ME		CHARLES SMITH		3. (b) Social Security	Number	
4. Sex	5. Color or race	6.(a)Sing	ile, married, widowed, or divorced	MEDICAL CH	ERTIFICATION		
male	col.	5	single	20. DATE OF DEATH May 29,		7 . 2:30A	
				21. I CERTIFY that death occurred on the date abo August 27,	ve stated; that I attended dec	eased from	
7. Birth date of	Mo	rch 26,	(c) If alive, give ageyears	and that I last saw h im alive on May	29,	1947	
deceased (mo., da 8. AGE: Ye	y, yr.) Pic	Days	If less than one day	Immediate cause of death			
0	53 2	3	hrsmin.	Pulmonary Tube	rculosis	May 1945	
11. Industry or busin	Labor	er	state)	Due to			
12. Name	Unknow			Other conditions			
	Unknown Unknown	1		(Include pregnancy within 3 n			
	Deceased			Autopsy results	······································		
17 (Burlal, cremati	ion, or removal) Whi	- //	reo! 6 - 4 - 4 7 (month) (day) (year)	Accident, suicide, or homicide	Date of		
1	Sellan	Ele S	ud.	(City or town) Injured at home, farm, industry, public place (wh			
18. Funeral director	100	Jarre	(Ween)	Means of Injury	Injured at work?		
Address	20	allesia	ille, md.	23. SIGNATURE / Culeen HOff	may, m.D.	or other	
19. May	registrar)	7 ag	ast II Sweeth	Henryton, Md.		5-29-17	

PAEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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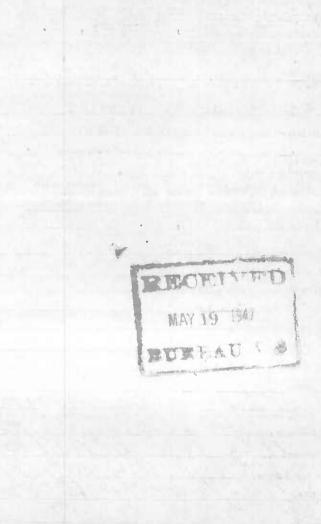
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Reg. Dist. No ...

1. PLACE OF DEA	TH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County · Carr	OLL		***************************************	State Maryland County			
City or fown	y I On	nits write F	RURAL and give nearest town)				
How long to show slope	of double VT		mo's, I davs				
Hospital, Institution, or	street address where d	igath occurre	d:	Street No. 702 Warner Street			
Maryland	Tubercu	losis	s Sanatorium	(If rural, give LOCATION)	/		
How long in hospital or	Branch,	Henry	Sanatorium vton, Md.	2.(a) If veleran, name war			
3. (a) FULL NAME				3. (b) Social Security	Number		
	RICHA	RD H	ARRISON SMITH	216-10-37	71		
4. Sex	5. Color or race		te, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male	Colored	Me	arried	20. DATE OF DEATH May 15.	1.00P		
6.(b) Namo of husband	Car	rie S	Smith	2f. I CERTIFY that death occurred on the dato above stated; that I aftended dec	eased from		
				June 14, 19 45 10 May 1			
7. Birth date of			c) If alive, give ageyears	and that I last saw h im ally on May 15.	19 47		
doceased (mo., day, yr) Apri	1 20	, 1888	Immediate cause of death	DURATION		
8. AGE: Years	Months	Days	If less than one day	Pulmonary Tuberculosis			
59	0	25	hrsmin.		1945		
10. Usual occupation	Janitor	Va.	state)	Due fa			
f1. Industry or business ### f2. Name		ith		Other conditions			
13. Birthplace V	irginia						
				(Include pregnancy within 8 months of death)			
# f4. Malden name.	TYDYTY		***************************************	Major findings of operations			
f4. Malden name U	irginia			Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.			
f6. Interman1De	ceased						
Address				22. VIOLENCE: tf dealh was due to external causes, fill in the following;			
17 (Burial, cremation,	l	Date the	reat 9 nay 19, 1947	Accident, suicide, or homicide			
(Burial, cremation,	or removal. Which?)	- 0	(month) (day) (year)				
Cemelery or cremator	Munt (au	ary Charley	Where did injury occur?	(State)		
Location Class	re alu	und	el Leyd Mys	tnjured at home, farm, Industry, public place (where?)			
18. Funeral director	Loses	ark	Lively Typaced Has	Moens of Injury tnjured at work?			
//	thet Bar	est	Bafterine and	23. SIGNATURE RELEASES HOffman, m.D.			
19. 5/15 (Date rec'd by reg	19. 47	reput.	Registrar	M.D. Address Herryton, Md. Date signed			



19 19 1 E.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

/	_					
1. PLACE OF	DEATH:			2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
County	********************	own limits, write	RURAL and give nearest town)	State Maryland County Carroll Mount Airy		
How long in above to	lace of death?	15 year	S	City or town	mita, write RURAL and give nea	arest town)
Hospital, Institution	, or street address	where death occurre	ed:	Street No		
How long in hospit	al or institution?			(If rural, a None	give LOCATION)	
3. (a) FULL N	AME				3. (b) Social Security	Number
	DOR	SEY WIL	BUR SPURRIER			
4. Sex	5. Color or rac	e 6.(a)Sing	ile, married, widowed, or divorced	MEDICAL	CERTIFICATION	
M	W		M	_ 20. DATE OF DEATH. May	3rd, 19 47	10:30
S (b) Name of buck	and or wifeD	ora M.	Ball	21. I CERTIFY that death occurred on the date	above stated; that I attended dece	ased from
b.(v) name desire		6.	(c) It alive, give ageyeal	angust	19 46 10 may	3 19 7
7. Birth date of	lay, yr.) Augu	st 1, 1	888		may s	DURATION
	fears Months	Days	If less than one day	Immediate cause of death	lumb in sation	
	58 9	2	hrs,mir			
Fighelese	ederick	County	Maryland	Due to Chr. Myoca	idilis	? yre
	(Town, county, and	acate)			
10. Usual occupat	ionILOULI	ou nall.	road Employee	Bue to	***************************************	*
11. Industry or but	Tohn H	Snunni	an		Juka	ghis
			nty Maryland	Sher conditions Uranary	Level solder	
				(Include pregnancy within	n 8 months of death)	
14. Maiden n	ame	• -1- 0	ll nty Maryland rier	Major findings of operations	<u> </u>	
∑ 15. Birthplace	Freder	1 CK Cou	nty Maryland		Date of op	
16. Informant				PHYSICIAN: Please underline the cause to	a which death should be charzed	statistically.
Address	Mount A			22. VIOLENCE: It death was due to external		
17 Bur	ial	Date the	ereof 5/6/47	Accident, suicide, or homicide		
(Buriai, crema	ition, or removal. V	nt Oliv	et Cemetery	Where did injury occur?(City or tow		
Cemetery or cre	matoryFre	derick.	Maryland	(City or tow Injured at home, farm, Industry, public place		
Location	M	D Ftah	i don and Con	Means of injury	Injured at work?	
18. Funeral direct	OF		ison and Son		0	
Address	Fre	derick,	Maryland	73 SIGNATURE STATULE	Trabill	M. I
. 574	5/1 .1	47 2	m Duyler		aryland M.D.	or other
(Date rec'd h	y registrar)		Registra	Address MIOURE ALLY,	Date signed.	5-5-47

MARGIN RESERVED FOR BINDING

A15

MAY 9 1947

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Kog. Ditt. Ny mine
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Charles	State Meller Couety Carroll
(If outside city or town limits, write RUMAL and gip mearest town)	11.4 Jane
How long in above place of death? All these lefe	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 34 Comment of .
39 Usup 91	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME M. Saurell	3. (b) Social Security Number 220-07-7129-B
4. Sex 5. Color or race 6.(a) Single harried, widowed, or divorced.	MEDICAL CERTIFICATION 2 AN
1/m. Col. married	20. DATE OF DEATH. 202 2 8 19.47 21 2 P. 1
6.(b) Name of husband or wife. Janua Augustell.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	18 July 10 Jan 20 20 8 18 18 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10
7. Birth date of 15/3 /71	aed that I last saw a zama alive on A 22 A A J
R AGE- Years Months Days If less than one day	Immediair cause of death
GU N 2	Herrista Sans
84 8 3hrs,min	
9. Birlhplace	Que to CHANAL Indeed Sill 4-720
11.1.2.	the half for the state of the s
1D. Usual occupation.	Due to Section of the
11. Industry or business fullable places	
12. Name Special Squarell 13. Birthojety Makaland	Dther conditions
2 13. Birthologe Maryland	(Include pregnancy within 3 months of death)
14. Maiden name. Slight Garroll Co. 2014.	Major findings of operations.
2 15. Birthplace / Carroll Con.	Date of op
16. Informant Mrs. Robert Jaurell	Autopsy results
261 CA 1. L. +	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 39 Comm III Washington	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery Crematory May 11 Com	Where did Injury occur?
Location May Just Mussester Mid	Injured at home, farm, Industry, public place (where?)
18. Funeral director Q S. Muses 9.	Means of injury Injured at work?
Address of westmenter Mid.	123 SIGNATURE COLLO REFORD MIN
VT25 WI Esdwork	23. SIGNATURE M.D. or other
(Date reo'd by registrar) (Date reo'd by registrar) (Date reo'd by registrar)	Address / Lat 2012 12 18 Mar Date signed 129

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

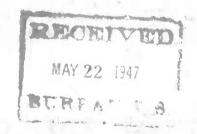
13/0

CERTIFICATE OF DEATH

Reg. Diat. No.3 776

1. PLACE OF DEATH: County Carroll City or town Keymar (if outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in hospital or institution, or street address where death occurred: Street No. (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest street No. (If outside city or town limits, write RURAL and give nearest street No. (If rural, give LOCATION) 3. (a) FULL NAME Mrs. Laura V.E. Stoner 4. Sex 5. Color or race 6. (d) Single, married, widowed, or divorced F Widow 20. Date Df DEATH 21. I CERTIFI (hat death occurred on the date above slated; that I allended deceased (mo. day, yr. Peb. 25, 1849) 8. AGE: Years Months Days It less than one day 98 2 24 hrs. min.	1
County. Keymar (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in above place of death? How long in hospital or institution? 3. (a) FULL NAME Mrs. Laura V.E. Stoner 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced F Widow 5. (b) Name of husband or wife. Thomas M. A. Stoner 5. (c) If alive, give age. State. County. Clity or town (if outside city or town limits, write RURAL and give nearest town) (if outside city or town limits, write RURAL and give nearest town) (if outside city or town limits, write RURAL and give nearest town) (if outside city or town limits, write RURAL and give nearest town) (if outside city or town limits, write RURAL and give nearest town) (if outside city or town limits, write RURAL and give nearest town) (if outside city or town limits, write RURAL and give nearest town) (if outside city or town limits, write RURAL and give nearest town) (if outside city or town limits, write RURAL and give nearest town) (if outside city or town limits, write RURAL and give nearest town) (if outside city or town limits, write RURAL and give nearest town) (if outside city or town limits, write RURAL and give nearest town) (if outside city or town limits, write RURAL and give nearest town) (if outside city or town limits, write RURAL and give nearest town) (if outside city or town limits, write RURAL and give nearest town) (if outside city or town limits, write RURAL and give nearest town) (if outside city or town limits, write RURAL and give nearest town) (if outside city or town limits, write RURAL and give nearest town) (if outside city or town limits, write RURAL and give nearest town) (if outside city or town limits, write RURAL and give nearest town) (if outside city or town limits, write RURAL and give nearest town) (if outside city or town limits, write RURAL and give nearest town) (if outside city or town limits, write RURAL and give nearest town) (if outside city or town li	ımber 17.30Д
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in above place of death? How long in hospital or institution? 3. (a) FULL NAME Mrs. Laura V.E.Stoner 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced F W Widow 5. (b) Hame of husband or wife Thomas M. A. Stoner 6. (c) If alive, give age years deceased (mo., day, yr. Feb 25, 1849 8. AGE: Years Months Days If less than one day	ımber 17:30Д
How long in above place of death? Hospital, Institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME Mrs. Laura V.E.Stoner 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced F. Widow 8. (b) Name of husband or wife Thomas M.A.Stoner 6. (c) If alive, give age years deceased (mo., day, yr. Feb. 25, 1849 8. AGE: Years Months Days If less than one day [If outside city or town limits, write RURAL and give nearest (If outside city or town limits, write RURAL and store	ımber 17:30Д
How long in hospital or institution? Street No	1
How long in hospital or institution? 3. (a) FULL NAME Mrs. Laura V.E.Stoner 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced F Widow 6. (b) Name of husband or wife Thomas M. A.Stoner 5. (c) If alive, give age years 7. Birth date of deceased (mo., day, yr. Feb. 25, 1849 8. AGE: Years Months Days If less than one day Sircet No. (If rural, give LOCATION) 2. (a) If veteran, name war. MEDICAL CERTIFICATION 20. DATE DF DEATH. 21. I CERTIFY I hat death occurred on the date above slated; that I attended deceased deceased (mo., day, yr. Feb. 25, 1849 Immediate sause of death Immediate sause of death	1
3. (a) FULL NAME Mrs. Laura V.E. Stoner 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Widow 6. (b) Name of husband or wife. Thomas M. A. Stoner 6. (c) If alive, give age. years 7. Birth date of deceased (mo., day, yr. Feb. 25, 1849 8. AGE: Years Months Days If less than one day	1
Mrs. Laura V.E.Stoner 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced F W Widow 5.(b) Name of husband or wife Thomas M.A.Stoner 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.Feb. 25, 1849 8. AGE: Years Months Days If less than one day	17.30Д d from
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widow 6.(b) Name of husband or wife Thomas M. A. Stoner 7. Birth date of deceased (mo., day, yr. Feb. 25, 1849 8. AGE: Years Months Days If less than one day	d from
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced WEDICAL CERTIFICATION F Widow 6.(b) Name of husband or wife Thomas M. A. Stoner 7. Birth date of deceased (mo., day, yr. Feb. 25, 1849 8. AGE: Years Months Days If less than one day	d from
6.(b) Name of husband or wife Thomas M. A. Stoner 21. I CERTIFY that death occurred on the date above stated; that I attended deceased 7. Birth date of deceased (mo., day, yr. Feb. 25, 1849 8. AGE: Years Months Days If less than one day	d from
6.(b) Name of husband or wife Thomas M. A. Stoner 5.(c) If alive, give age years deceased (mo., day, yr. Feb. 25, 1849 8. AGE: Years Months Days If less than one day	d from
7. Birth date of deceased (mo., day, yr. Feb 25, 1849 8. AGE: Years Months Days If less than one day	
7. Birth date of deceased (mo., day, yr. Feb 25, 1849 8. AGE: Years Months Days If less than one day	
8. AGE: Years Months Days If less than one day	
8. AGE: Years Months Days If less than one day	DURATION
08 2	Dellinisten
70 2 MAminmin.	

9. Birthplace	
U.S	
10. Usual occupation. DOUGWOTK Due to.	
11. Industry or business	
12. Name William H. Bownan Dther conditions	
12. Name William H. Bowman 13. Birthplace Md	
14. Maiden name Mary A. Hyder 15. Birthplace (Include pregnancy within 3 months of death) Major findings of operations. Date of op.	
≥ 15. Birthplace Dale of op	
16. Informant Miss Anna Bruchey Astopsy results.	*****************
Karman Md PHYSICIAN: Please underline the cause to which desth should be charged state	tistically.
22 VIOLENCE: If death was due to external causes, fill in the following:	
Burial Date Ihereof May 21 1947 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	
Cemetery or crematory Bever Dem (City or town) (County) (S	State)
Location Nr. Union Bridge, Md. Injured at home. farm, Industry, pub"c place (where?)	*****
18. Funeral director C.O. FUSS & SON	
Address Taneytown, Md.	ou
23. SIGNATURE	-



WRITE

2 PLEASE X VS A15

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

		0	3863,
60	Diat.	No.	76

.Date signed

	CERTIFICATE OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURA How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	City or town	Couchy County Co
3. (a) FULL NAME	2.4.1.4	3. (b) Social Security Number
Mace, Si	tulto	215-14-1343
Frusle white was 6.6) Name of husband as wife Joges St 7. Birth date of deceased (mo., day, yr.) April 4 - /	20. DATE DF DEATH	CERTIFICATION 0 1547 219,457 above stated: that I attended deceased from 19.47 10 19.47
14. Maiden name Muangarit 15. Birthplace regularit 16. Intermant Council Stuffs Address (~ 76) Warm Stuffs	Major findings of operations Autopsy results. Autopsy results.	Dale of op.
(Buriat, cremation, or removal, Which?) Cemetery or cramatory Location Location	22. VIOLENCE: If death was due to external (month) (day) (year) Accident, suicide, or homicide	Date of
18. Funeral director IS. I. S. J.	indsor Mar. 23. SIGNATURE D. SHA	M, D, or other

Registrar

Address.....

RECEIVED

MAY 27 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

462

CERTIFICATE OF DEATH

03864

Reg. Dist. No. ...

70

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) 1. PLACE OF DEATH: County Carroll State Maryland County Carroll City or town. Taneytown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 10 years Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or Institution?..... 3. (a) FULL NAME 3. (b) Social Security Number 213-03-0416 Martha Marie Stultz 6.(a) Single, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION Female. White Married 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6,(b) Name of husband or wife Malcolm C. Stultz April 16 1947 10 May 1 and that I tast saw h. er alive on April 25 deceased (mo., day, yr.) April 5, 1917 Immediais cause of death Generalized If less than one day Years Carcinomatosis 8. AGE: 30 Primary site sigmoid 9. Birthplace Thurmont Frederick Co., Md. (Town, county, and state) 10. Usual occupation. Sewing machine operator Rubber factory 11. Industry or business 12. Name...... Raymond Eichelberger 12. Name..... Maryland (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace Major findings of operations. Generalized Carcinomatosis 14. Maiden name Ruth Bell Maryland Mr. Malcolm Stultz PHYSICIAN: Please underline the cause to which death should be charged statistically. Taneytown, Md. Address 22. VIOLENCE: If death was due to external causes, fill in the following: 17. Burial (Burial, cremation, or removal. Which?) Date thereof. May 5, 1947 (month) (day) (year) Accident, suicide, or homicide..... Cemetery or crematory Reformed Cemetery Where did injury occur? (City or town) Taneytown, Md. Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury 18. Funeral director, G.O. Fuss & Son Taneytown, Md.

RECEIVED

MAY 9 1947

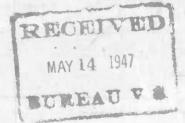
PIRES

2411 N. Charles St., Baltimore

03867

CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County
How long in above place of death?	Street No. 3006 Seamon Avenue (If rural, give LOCATION)
HORD OF BRIANCH, Henryton, Md.	2.(a) If veteran, name war.
3. (a) FULL NAME DOROTHY MAE TILLMAN	3. (b) Social Security Number 146-09-5942
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female colored married	20. DATE OF DEATH May 11, 19 47, at 11.00 Pm
6.(b) Name of husband or wife Willie Fillman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 28, 19.47, to May 11, 19.47
7. Birth date of deceased (mo., day, yr.) March 23, 1919	and that I last saw h. C.T. alive on May 11, 18 47. Immediate cause of death
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis Dec. 24
28 1 18min.	1946
9. Birthplace. Washington, D.C. (Town, county, and state)	Due to
1D. Usual occupation Domestic	
	Due fa
11. Industry or business	
12. Name James Harris 13. Birthplace Unknown	Dther conditions
# 14. Malden name Mattie Herd	(Include pregnancy within 3 months of death)
	Major findings of operations.
and the state of t	Date of op.
16. Informant Deceased	Autopsy results
Address 17. Parial (Borial, cremation, or removal. Which?) The parial (month) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory.	(City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Location	Means of Injury Injury Injured at work?
18. Funeral director Mariant Goray po	Theren Ithenan m D
19. 5/11 19. 47 Alfred Local Registrar	23. SIGNATURE M. D. or other Address Henryton, Md. Date signed 5/11/47



mental addressing with a table of the latent

2411 N. Charles St., Baltimore

93d

03865

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Quality	State Mary and County Carrel
City or town(If outside city or town limits, write RURAL and give nearest town)	Discoura Contact
How long in above place of death? 20 4 eacs	(If outside city or town limits, writs RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Locale May True	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
VH W married	20. DATE OF DEATH May 23 1947 at 11:30A N
Weener Th Trumb	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
6.(b) Name of husband or wife	april 17 1947 10 May 23 19 47
7, Birth date of	ears and that last saw held alive on Mark 27 1947
deceased (mo., day, yr.) aleg 24 - 1877	Immediate cause of death
8. AGE: Years Months Days If less than one day	uggerella de exercitor no
69 8 7hrs,n	min. E Klepus and them
9. Birthplace Mary Lewel	Due to Getting cleases
(Town, county, and state)	(general)
1D. Usual occupation.	Due to Ullarty
11. Industry or business	
12. Name Serry's W Grosl 13. Birthplace Mary land	Other conditions
13. Birthplace Many Land	(Include pregnancy within 8 months of death)
14. Maiden name Naugy Brocon 15. Birthplace Manyland	Major findings of operations
15. Birtholace Maurleud	Major madings of operations
Shariff House b	Autopsy results.
18. Informant	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address Medicheries Mila	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Bate thereol (mouth) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Mulless	Where did injury occur?
Oller of O O D	Injured at home, farm, industry, public place (where?)
Location Control Contr	Means of injury injured at work?
18. Funeral director. All Maria	
Address Hampitead Ma	- lovele Anoider
and was an on performance	23. SIGNATURE M. D. or other
19. May 2 1 199 Registrar	trar Addres ll Struensleh 1 Date signed 5/23/4

JUN 2 1947 BUREAU V.S. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03868

CERTIFICATE OF DEATH

eg. Dist. No. 9H-

CERTIFICAL	Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State County City or town (If outside city or toyn limits, write RURAL and give nearest town)
Hospital, institution, or stylet address there begin pocured.	Street No
How long in harmal or institution?	2.(a) It veteran, name war
3. (a) FUEL NAME	Hachter 3. (b) Social Security Number
4. See 5. Color or race 8.(a) Single, married, widowed, or divorced W Married	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. DATE OF DEATH 22. DATE OF DEATH 23. DATE OF DEATH
6.(b) Name of husband or wife Louis & Machter	21. I CERTIEY that death occurred on the date above stated: that attended deceased from
7. Birth date of deceased (mo., day, yr.) flux / 11/870	and that I last saw how live on Many 16 1947. Immediais cause of death DURATION
8. AGE: Years Months Days If less than oos day	Cerefral Demontage 2 min
9. Birthplace	Due to.
10. Usual occupation	Due Ville Milling Summer 13 yrs
12. Napolsidella Marketon alfangli.	Other conditions
E 14. Maiden nand Manday Class	(Include pregnancy within 8 months of death) Major findings of operations.
\$ 16. Birthplace Journal Cr	Date of op.
Address . Laney town hid	Actorsy results
11 Quital (Burial, cremation, or removal, Which) Date thereof (Burial, cremation, or removal, Which) Date thereof (Burial, cremation, or removal, Which)	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
Cemetery or cremetory net. Clevet Geneley	Where did injury occur?
Location Dudenich May	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Abdescrousbors & Sheetytown, Md	23. SIGNATURE AND HOSTON HO.
19 May 5 1947 C. Harry West	Address Malanne Magaresigned 5 4

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MAY 16 1947

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CERTIFICATE OF DEATH

			F9 4
200	Dist	No	74

	TE OF DEATH Reg. Diat. No74	********
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Carroll		
Ily or town He nry ton (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Anne Arundel	
How long In above place of death? 9 months, 24 days	City or town Annapolis (If outside city or town limits, write RURAL end give nearest t	own)
Hospital, Institution, or street address where death occurred: Mar ylan d Tuberculosis Sanatorium	Street No. 4 Pleasant Courtt	
	(If rural, give LOCATION)	
NOW IONE IN HOSPITAL OF HISTORICAL	2.(a) It veleran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	ber
SPENCER WILSON		
4. Sex 5. Golor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male colored Widowed	20. DATE OF DEATH May 26, 18 47, at	5.0
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended doceased fr	rom
		15
7. Sirth date of deceased (mo. day, yr.) April 1. 1876	and that I last saw h i m alivo on May 26,	19
deceased (mo., day, yr.) April 1, 1876 8. AGE: Years Months Days It less than one day	Immediate cause of death	DUR.
o, Ada.	****	un
		94
9. Sirthplace Lancaster County Va. (Town, county, and state)	. Due to	
10. Usual occupation. Janitor	Pue te	
11. Industry or business	Duo to	
	Other conditions	******
Herry Wilson 13. 8irthplace Lancaster County, Va.		
Minnie Tookson	(tnclude pregnency within 3 months of death)	
14. Malden name With Mills of Garage South 15. Stribplace Lancaster County, Va.	Major findings of operations.	
	Date of op	
16. Interment Deceased	Autopay resolts	ically
Address	22. VIOLENCE: If death was due to external causes, till in the tollowing;	
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
P 2/100	Where did injury occur? (City or town) (County) (Sta	
Cemetery or crematory		
Location West Street	Injured at home, tarm, industry, public place (where?)	*******
18. Funeral director. Mas. Chas. L. Backs	Means of Injury Injured at work?	
Address 45 Both west Stanse M	I do la tole m	1
5/26 47 MM 1 1 11	23. SIGNATURE M. D. or oth	er
19. 5/26 19. 47 (Date rec'd by registrar) Deputy Local Registra	Address Henryton, Md. Date signed 5/	26



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1. PLACE OF DEATH:

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

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U	0	0	6	ŧ	ļ.	

Reg. Dist. No.

County Carroll				(For newborn intanta give residence of mother)		
City or town Rural, Sykesville (If outside city or town limits, write RURAL and give nearest town)				State Maryland county		
How long in above place oil death?				City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, o	r street address where	death occurred	/			
Hospital, Institution, or street address where death occurred: Springfield State Hospital				Street No. 933 Fell Street		
How long in hospital o	r Institution? 4	yrs.,	6 mo., 14 days	2.(a) It veteran, name war		
3.(a) FULL NAME Stanislaus (Stanley) Yurs				ski	3. (b) Social Security 2/3-0/-	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
male	white	mar	ried	20. DATE OF DEATH May 1	1947	12:17ª
6.(b) Name of husband or wife Katherine Yurski				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 19.43 to May 1 19.47		
7. Birth date of				and that lest saw h im alive on April 30		
deceased (mo., day, yr.) May 8, 1879						
8. AGE: Year	s Months	Days	If less than one day	Immediate cause of death	of the	DUNATION
67		22	hrsmin.	Insane	***************************************	6 years
9. Birthplace Poland (Town, county, and state)				Due to		* *************************************
10. Usual occupation laborer					***************************************	**
11. Industry or business				Due to	***************************************	***
				Au bu	••••••	** ************************************
12. Name Alexander Yurski 13. Birthplace Poland				Uther conditions	•••••••	** ************************************
				(Include pregnancy within 3 months of death)		
To lond				Major findings of operations.		
14. Maiden name Anna Zelkowski 15. Birthplace Poland				Date of op.		
1 16 1010FM201				Antopsy results		
Address Sykesville, Maryland				PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial Batathered 5-5-47				22. VIOLENCE: If death was due to external cause		
(Burial, cremation, or removal, Which?) (month) (day) (year)				Accident, suicide, or homicide		
Cemetery or crematory Holy Rozary				Where did Injury occur?(City or town)	(County)	(State)
Location Ballymore Co. Mid				Injured at home, tarm, industry, public place (wh		
18. Funeral director Neage a Weber				Msans of Injury Injured at work? Robert Bertrand May, M.D.		
Address 705 So Esson At				23 SIGNATURE Robert Bestrand May May		
me	1 11:	7	P 111 161 3	Springfield State H	Osnital M.D.	brother
(Date rec'd by re	gistrar)		Registrar	Address Sykesville, Mar	yland Date signed.	5-1-47

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) carefully. clearly information c 2.(a) if veteran, name war .. Zukowsk3. (b) Social Security Number 3. (a) FULL NAME 4. Sex 5. Color or race MEDICAL CERTIFICATION BINDING 20. DATE OF DEATH. that death occurred on the date above stated; that aftended deceased from 6,(b) Name of husband or wite..... FOR 7. Birth date of Supply e deceased (mo., day, yr.) **DURATION** Days tf less than one day 8. AGE: MARGIN RESERVED 9. Birthplace..... 10. Usual occupation 11. Industry or business important. (Include pregnancy within 3 months of death) Major findings of operations. LAINLY, especially PHYStCIAN: Please underline the cause to which death should be charged statistically. PLAINLY is especial 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof MI au Accident, suicide, or homicide..... (Burial, cremation, or removal, Which?) (month) (day) (year) Where did Injury occur? H Cemetery or crematory (City or town) (County) Injured al home, farm, Industry, public place (where?) Location . Injured at work? Meens of Injury 18. Funeral director .. J. R.e. SE

Registrar